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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 09/997,361 11/30/2001 PAT 6,851,430  
*Ok ced*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none ced*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 09/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 6
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Verified and Acknowledged  
*Conducta ced*  
 Examiner's Signature Initials

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TITLE  
 Minimal access apparatus for endoscopic spinal surgery

FILING FEE  RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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